

Iowa Mental Health and Disability Services Commission

**Commissioners**

September 16, 2021

Russell Wood

**EXECUTIVE SUMMARY**

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Sen. Sarah Trone Garriott

Rep. Lindsay James

*Pertinent Information Regarding the Deliberations of the Mental Health and Disability Services Commission Relating to Medicaid Managed Care (MCO)*

Mental Health and Disability Services Commission Deliberations Summary:

**December 3, 2020 – MHDS Commission Meeting**

Theresa Armstrong, Bureau Chief Mental Health and Disability Services Community Services, discussed CARES Act dollars including how Medicaid has been tracking those dollars as well as an informational letter from Medicaid for Psychiatric Medical Institutes for Children (PMICs), nursing facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDs). There was discussion regarding issues with the MCO's related to Assertive Community Treatment and medical necessity.

**February 18, 2021 – MHDS Commission Meeting**

Amela Alibasic, Iowa Medicaid Enterprise, presented a high-level overview of Medicaid eligibility and enrollment. There was discussion regarding the recent process for Compact of Free Association (COFA) members to receive Medicaid.

**March 18, 2021 – MHDS Commission Meeting**

Theresa Armstrong shared that the Iowa Department of Public Health (IDPH) has reached out to MCOs and asked them to work with local public health to identify and assist individuals with disabilities with accessing COVID-19 vaccinations. Theresa also discussed the American Rescue Plan Act (ARPA), which included an optional 10% in the FMAP for Home and Community Based Services as well as a potential optional enhanced FMAP for mobile crisis, noting that IME was doing an analysis to determine if Iowa would qualify as well as the benefits and commitments required by the State.

**April 15, 2021 – MHDS Commission Meeting**

LeAnn Moskowitz, Iowa Medicaid Enterprise (IME), provided a presentation on eligibility for Home and Community Based

(HCBS) waivers, and the role of IME and MCOs in determining eligibility.

#### **June 17, 2021 – MHDS Commission Meeting**

Theresa Armstrong, Bureau Chief Mental Health and Disability Services, Community Services, discussed the House Human Services (HHS) Appropriations Bill and noted that it was signed June 16, 2021, and included rate increases related to Medicaid for Habilitation, Home and Community-Based Services (HCBS), and Psychiatric Medical Institutes for Children (PMICs).

#### **July 15, 2021 – MHDS Commission Meeting**

Theresa Armstrong, Bureau Chief Mental Health and Disability Services, Community Services, noted that Iowa Medicaid was receiving an increased federal match (FMAP) related to Home and Community Based Services (HCBS).

#### **August 19, 2021 – MHDS Commission Meeting**

There was discussion regarding Managed Care Organizations (MCOs) following a presentation on Assertive Community Treatment in Iowa by Dr. Nancy Williams, and the need for education for the MCOs regarding the program due to issues with authorizations.

#### **September 16, 2021 – MHDS Commission Meeting**

The Commission discussed its executive summary to the Department and the members' thoughts on Medicaid Managed Care over the previous year

During the course of their deliberations, the Commission has heard of a number of concerns from stakeholders that remain similar to the concerns reported in 2019. The Commission is frustrated that we have not seen significant progress in the following areas and urges the Department of Human Services (Department) and Managed Care Organizations (MCOs) continued efforts to address the following:

- Lack of reimbursement to providers for same day treatment
- Delayed and partial payments to providers
- Delayed and/or reduced authorization for long term supports and services
- Confusion over administrative requirements for Integrated Health Homes
- Peer support and recovery peer support services are underutilized and underrepresented
- Increased administrative burdens and costs for providers particularly for keeping claims alive in order to receive payment
- Understaffed mental health providers and disability services workforce due to low rates for services involving direct support professionals
- Inconsistent communication from the MCOs and the Department and within the MCOs
- Increased oversight during times of transition is needed
- Lack of accessibility to additional 1915(b) (3) services under the Medicaid fee-for-service system
- Increased development of quality services, including evidenced based practices is needed
- Increased community capacity to serve the most vulnerable individuals is needed
- Inadequate service rates

- Delayed eligibility updates for individuals post incarceration on Medicaid's Eligibility and Verification Information System (ELVS) line has resulted in large recoupments for providers due to receiving inaccurate eligibility information
- Lack of a valid level of care assessment that captures the needs of individuals with a brain injury
- Continued development of services for individuals with intellectual disabilities including children is needed
- Behavioral health services have a more difficult time getting reimbursement from the MCOs than physical health services
- Procedural and financial barriers to providing integrated care